

Check "X" into square which Security you want to pick up your pass from!! YOKOSUKA ☐ IKEGO ☐ NEGISHI ☐

| | | | | | |
|---|---|-------------------------|---------|--|--------------------------|
| Date: | | | | | |
| From: | Sponsor's Name (Last) | | (First) | (MI) | Rate SSN |
| | Command | | | | |
| To: | Commander, Fleet Activities, Yokosuka (Attn: Code 1240) | | | | |
| Via: | (1) (Sponsor's Command) | | | | |
| | (2) Commander, U.S. Naval Forces, Japan (Attn: Yokosuka Housing Director) | | | | |
| | (3) Commander, U.S. Naval Forces, Japan (Attn: Fire Prevention Chief) | | | | |
| Subj: REQUEST FOR HOUSE GUEST PASS/SPECIAL PASS | | | | | |
| 1. Request following pass be issued to the personnel indicated below (use a separate form for each guest): | | | | | |
| <input type="checkbox"/> House Guest Pass Request (See Note 1) (Bonafide guest in a tourist status - Visa Category: Temporary Visit) | | | | Pass Period (See Notes 1 - 3) | |
| <input type="checkbox"/> House Guest Pass Extension (See Notes 1-3) (For only who already holds House Guest Pass *Justification is required* | | | | From: | |
| <input type="checkbox"/> Special Pass Request (See Note 3) (Immediate family members from local or personnel related a specific command) | | | | To: | |
| Dates and Time of Visit (for Special Pass Request): | | | | | |
| Reason for Request: (See note 3) | | | | | |
| Note 1: House guest ID cards will be issued for the duration of intended visit, but not to exceed 60 days per 365 days. Note 2: Visitation of guests in excess of 60 days will be considered on a case by case basis.(not to exceed 30 days) Note 3: Reason for requesting the pass is required for <u>House Guest Pass Extension</u> and <u>Special Pass Request</u> . Describe reason(s) above. | | | | | |
| 2. The following information is provided: (Fill out appropriate section for your request - Please print) | | | | | |
| Sponsor (Not required if requesting by command) | | | | | |
| Home Address: | | | | | |
| Telephone Number (Work) | | Telephone Number (Home) | | PRD | |
| Guest's Information | | | | | |
| Last Name | | First Name | | M.I. | Nationality/Citizenship: |
| Passport No. (Required for Non Japanese National) | | Date of Birth | | Height | Weight |
| Color of Eyes | | Color of Hair | | Relationship | |
| Guest's Home Address: | | | | | |
| a. I understand I am responsible for the actions of the above listed person while on the base and for the return of the pass upon its expiration. In the event of my transfer prior to the expiration of the pass or upon request from proper authority, I will collect and return it to the Industrial Security Office. Failure to do so will result in the denial of any future request. | | | | | |
| b. I certify that I am not requesting this pass for the purpose of dependency approval. | | | | | |
| c. I understand that the 72 hour overnight passes are included in the 60 days per 365 day period. | | | | | |
| Sponsor's Signature | | | | | |

FIRST ENDORSEMENT

Date:

From:

(Sponsor's Command)

To: Commander, Fleet Activities, Yokosuka (Attn: Code 1240)

Via: Commander, U.S. Naval Forces, Japan (Attn: Yokosuka Housing Director)

1. Forwarded for your appropriate action.

Command's Signature

SECOND ENDORSEMENT (Not required if occupying non-government quarters)

Date:

From: Housing Office/Bachelor's Quarters/Navy Lodge/U.S. Navy Hospital, Stork's Nest (Circle one)

To: Commander, Fleet Activities, Yokosuka (Attn: Code 1240)

1. Forwarded recommending ☐ approval / ☐ disapproval.Housing Office's Signature/Bachelor's Quarters/Navy
Lodge/U.S. Navy Hospital, Stork's Nest (Circle one)**THIRD ENDORSEMENT (Not required if number of guests are within COMNAVFORJAPANINST 11101.15)**

Date:

From: Fire Prevention Chief, Commander, U.S. Naval Forces, Japan

To: Commander, Fleet Activities, Yokosuka (Attn: Code 1240)

1. Forwarded recommending ☐ approval / ☐ disapproval.

Fire Prevention Chief's Signature

Date:

From: Commander, Fleet Activities, Yokosuka (Attn: Code 1240)

To: (Sponsor)

1. Returned ☐ approved / ☐ disapproved until _____.

Industrial Security Office's Signature

PRIVACY ACT STATEMENT

5 U.S.C. & 552a Collection of this is authorized by the Privacy Act, U.S.C. Section 552(a). The information will be used to process your Guest Pass request. The information on this form may be disclosed to the third parties in accordance with the provision of 5 U.S.C. Section 552(b). Completion of this form is voluntary; however, failure to provide the information requested may preclude the processing of your Guest Pass request.